Essroc San Juan
Italcementi Group

P.O. Box 366698
San Juan, P. R. 00936-6698

Tel. 1-787-721-5878
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January 30, 2014

Chief, Environmental Enforcement Section
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, D.C. 20044-7611

Chief, Compliance Section
Water Compliance Branch
U.S. Environmental Protection Agency
Region 2
290 Broadway, 20th Floor
New York, New York 10007-1866

Re: US v. ESSROC San Juan Inc.
DOJ No. 90-5-2-1-08412

Gentlemen
This is wrong
Data included in the report
is for the period
OCT 1 to Dec 31, 2013

To whom it may concern:

This document constitutes the quarterly report required in the Consent Decree (CD) of May 4, 2010 in the matter of reference. Listed below is the progress report covering the activities completed from July 1, 2013 and of through September 30, 2013. oct – dic 13

1. Section III Lagoon Enhancement System Installation and Operation
    a. Attachment I - Routine Inspections (Monthly)
    b. Lagoon Enhancement Maintenance performed in June 2013
        i. Excessive vegetation and debris, such as leaves, accumulated in each gabion were removed.
        ii. Solids accumulated in the gabion box that is located around the drainage valve from pond #1 were removed.

2. Section IV Coliform and Other Clean Water Act Effluent Controls
    a. Name of the firm used to transport and dispose of sanitary wastewater:
        i. Limpieza de Pozos Gonzalez
    b. Name of the wastewater treatment plant at which the facility's sanitary wastewater is delivered for treatment:
        i. Puerto Rico Aqueduct and Sewer Authority–Barceloneta Regional Treatment Plant
    c. Approximately Amount in gallons of the sanitary wastewater removed from the facility during the reporting period was aproximately:
        i. 45,000
3. Section V Storm Water Permit Monitoring (MSGP)
    a. Reports Required by the MSGP 2008 are contained in:
        i. Attachment II: Routine Inspections (Monthly)
        ii. Attachment III: Visual Monitoring (Monthly)
        iii. Attachment IV: Benchmark Monitoring (Monthly)
4. Discharge Monitoring Reporting
    a. Attachment VI : Discharge Monitoring Reports

According to analytical data obtained during the quarter, exceedances of surfactants, color, total coliforms and fecal coliforms at the Outfall 001 occurred only intermittently. There is a correlation between these results to precipitation events which affect the water levels at the sedimentation ponds system due to the amount of stormwater discharging into the sedimentation pond #1 from different sources.

We take the opportunity in this quarterly report to submit a comprehensive study recently conducted by Sanco Laboratories, Inc. (Sanco), on behalf of Essroc San Juan, to determine the source(s) of certain exceedances that have been sporadically experienced at Outfall 001 of some of the NPDES permit limits. These exceedances have been the cause for not closing the Consent Decree under which Essroc has been operating for some time now.

The Sanco report, copy of which is attached, describes the various sampling activities, dye tests and visual inspections that were conducted in order to study the potential sources of

the exceedances and the community contributions. The report clearly reveals that waste water discharges originating from an adjacent residential community northeast of Outfall 001 significantly contribute and constitute the principal source of the following parameters: surfactants, color, total coliforms and fecal coliforms. Such community waste waters also contribute to sulfate concentrations found at Outfall 001.

This comprehensive study confirmed Essroc suspicion that these sporadic exceedances are attributed to the adjacent wastewater impacts from neighboring residences that discharge their kitchen sink, washing machine effluents and septic tank overflows into a surface waterway that impacts Essroc's outfall 0001.

For years now both EPA and EQB had been fully aware of the adjacent community's significant contribution to certain permit exceedances totally unrelated to Essroc's operations or controls. The structural controls (earthen berms surrounding the storage piles and covers), the overall stormwater conveyance system that was enhanced by Essroc, together with periodic inspections and maintenance, continually functions properly and efficiently to control the permit parameters in full compliance with the permit limits. The Sanco Report also serves to empirically demonstrate that the minor excursions that have been experienced at Outfall 001 are unrelated to Essroc's operations, but attributed to the wastewaters originating from the adjacent community over which Essroc has not control.

In consideration of all the above, Essroc respectfully reiterates its request for the closure of the Consent Decree. After much more than one year of continued demonstrated observance and conformity with the Consent Decree's terms and conditions, Essroc has successfully met the conditions for the definite closure of the Consent Decree.

In addition, please be informed that during this quarter samples to identify sulfate source had been performed. Result from inlet pond #2 show no high sulfate contribution, result from pond #2 inlet show also no sulfate contribution coming from ESSROC operation. High Sulfate results were found in some points on pond #2 show. Subsequent monitoring events, for potential sulfate contribution will be further assessed and reported as soon as received.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified

personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Cordially,

Jose Uriol
General Manager an

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	10/2/13	**Start/End Time**	10:00 Am
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information 0-09in

Weather at time of this inspection?
❑ Clear ❑Cloudy ☑ Rain ❑ Sleet ❑ Fog ❑ High Winds ❑ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ❑Yes ❑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ❑Yes ❑No
If yes, describe based on the information below:

Color ☑ None ☐ Other (describe):

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

Control Measures

- *Number the structural stormwater control.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	**Ponds #1 Discharge point to Channel**	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
2	**Channel structure (Stabilization)**	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
3	**Gabions**			
	G-1	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-2	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-3	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-4	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-5	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
	G-6	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-7	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑Yes ☐No	☐ Maintenance ☑ Repair ☐ Replacement	repair to rocks wall was performed
	G-13	☑Yes ☐No	☐ Maintenance ☑ Repair ☐ Replacement	11
	G-14	☑Yes ☐No	☐ Maintenance ☑ Repair ☐ Replacement	11

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: _____ 10/2/13

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	11/18/13	**Start/End Time**	11:15
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information 0.05 in

Weather at time of this inspection?
❑ Clear ☑Cloudy ❑ Rain ❑ Sleet ❑ Fog ❑ High Winds ❑ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ❑Yes ❑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ❑Yes ❑No
If yes, describe based on the information below:

Color ☑ None ☐ Other (describe):

Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

Control Measures

- *Number the structural stormwater control.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

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1	**Ponds #1 Discharge point to Channel**	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
2	**Channel structure (Stabilization)**	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
3	**Gabions**			
	G-1	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-2	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-3	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-4	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-5	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
	G-6	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-7	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-13	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-14	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Notes

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Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: 11/18/13

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	12/3/13	**Start/End Time**	11:30
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information

Weather at time of this inspection?
❑ Clear ☑ Cloudy ❑ Rain ❑ Sleet ❑ Fog ❑ High Winds ❑ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ❑Yes ❑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ❑Yes ❑No
If yes, describe based on the information below:

Color ☑ None ☐ Other (describe):

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☑ No ☐ Yes (describe):

Control Measures

- *Number the structural stormwater control.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
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2	**Channel structure (Stabilization)**	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
3	**Gabions**			
	G-1	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-2	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-3	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-4	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
	G-5	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
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	G-7	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-13	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-14	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Notes

Use this space for any additional notes or observations from the inspection:

Cleaning of all gabions were performed.

Debris and leaves were removed

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Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: 12/3/13

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	10/2/13	**Start/End Time**	9:30 / 10:00AM
Inspector's Name(s)	Beatriz Rivera		
Inspector's Title(s)	Environmental Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?
☐ No ☐ Yes **If yes, describe:**

Are there any discharges occurring at the time of inspection? ☐ No ☐ Yes
If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	**Control Measure is Operating Effectively?**	**If No, In Need of Maintenance, Repair, or Replacement?**	**Corrective Action Needed and Notes** (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 6				
1	Rock Berm a	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Berm b	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Detention Pond L1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Outfall DP 001	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 5				
5	Rock Berm c	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Rock Berm d	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Rock Berm e	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
8	Rock Berm f	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
9	Rock Berm g	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
10	Detention Pond L2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
11	Detention Pond L3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
12	Detention Pond L4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
13	Outfall DP 002	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

Areas of Industrial Materials or Activities exposed to stormwater
Below are some general areas that should be assessed during routine inspections.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Crusher area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	
2	Dredging disposal area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	☒ Yes ☐ No ☐ N/A	☒ Yes ☐ No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

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Print name and title: Beatriz Rivera

Signature: [signature] **Date:** 10/2/13

Stormwater Industrial Routine Facility Inspection Report

General Information

Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	11/18/13	**Start/End Time**	11:20 / 11:50
Inspector's Name(s)	Beatriz Rivera		
Inspector's Title(s)	Environmental Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?

☐ Clear ☑ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other:

Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?

☐ No ☑ Yes **If yes, describe:**

Are there any discharges occurring at the time of inspection? ☐ No ☐ Yes

If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 6				
1	Rock Berm a	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Berm b	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Detention Pond L1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Outfall DP 001	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 5				
5	Rock Berm c	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Rock Berm d	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Rock Berm e	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
8	Rock Berm f	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
9	Rock Berm g	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
10	Detention Pond L2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
11	Detention Pond L3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
12	Detention Pond L4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
13	Outfall DP 002	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

Areas of Industrial Materials or Activities exposed to stormwater
Below are some general areas that should be assessed during routine inspections.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Crusher area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	
2	Dredging disposal area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

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Print name and title: Beatriz Rivers

Signature: _____ **Date:** 11/18/13

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	12/13/13	**Start/End Time**	1:10 / 1:50
Inspector's Name(s)	Beatriz Rivera		
Inspector's Title(s)	Environmental Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?
☐ No ☑ Yes **If yes, describe:**

Are there any discharges occurring at the time of inspection? ☐ No ☐ Yes
If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 6				
1	Rock Berm a	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Berm b	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Detention Pond L1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Outfall DP 001	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 5				
5	Rock Berm c	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Rock Berm d	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Rock Berm e	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
8	Rock Berm f	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
9	Rock Berm g	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
10	Detention Pond L2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
11	Detention Pond L3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
12	Detention Pond L4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
13	Outfall DP 002	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Crusher area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	
2	Dredging disposal area	☑ Yes ☐ No ☐ N/A	☑ Yes ☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	☒ Yes ☐ No ☐ N/A	☒ Yes ☐ No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: Beatriz Rivera

Signature: [signature] **Date:** 12/13/13

NPDES Permit Tracking No.:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Essroc San Juan

2. NPDES Permit Tracking No.: PR0SBJ45

3. Facility Physical Address:

a. Street: Barrio Espinosa road 2 Km 26.7

b. City: Dorado c. State: PR d. Zip Code: 00936 -

4. Lead Inspectors Name. Beatriz Rivera Title: Environmental Engineer

Additional Inspectors Name(s):

5. Contact Person: Title:

Phone: 787 - 647 - 1154 Ext. E-mail:

6. Inspection Date: 09 / 16 / 2013

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not.

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☑ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☑ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

(1) Laboratory Benchmark pH and TSS data were under normal Conditions.
(2) Discharge Visual Inspection sheet - all data shows no evidences of material (limestone) arriving to discharge point POO1/POO2
(3) Stormwater Inspection

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

None

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions? 02

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NPDES Permit Tracking No.:

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 5:

1. Brief Description:
Quarry Area has structural berm. three detention ponds and one outfall.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 6:

1. Brief Description:
Area has rock berm, one detention pond and One outfall

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Printed Name: Beatriz Riviera Title: Environmental Engi

Signature: _____ Date Signed: 9/16/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: 10/2/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Environmental Engineer

Person(s) examining sample (Name/Title): " / "

Rain event start time: 10:30 Time Sample Collected: 10:45 Time Sample Examined: 10:50

Rain event end time: 12:38

Total rainfall (inches) in this event: 0.09 Time since previous measurable storm event (in days): 2

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☒ None ☐ Other (describe): _____

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____

Floating Solids ☒ No ☐ Yes (describe): _____

Settled Solids** ☒ No ☐ Yes (describe): _____

Suspended Solids ☒ No ☐ Yes (describe): _____

Foam (gently shake sample) ☐ No ☐ Yes (describe): _____

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Beatriz Rivera B. Title: Environmental Engineer

C. Signature: [signature] D. Date Signed: 10/2/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 10/2/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Environmental Engineer

Person(s) examining sample (Name/Title): // / //

Rain event start time: 10:30 Time Sample Collected: 10:33 Time Sample Examined: 10:50

Rain event end time: 12:30

Total rainfall (inches) in this event: 0.09 Time since previous measurable storm event (in days): 2

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☒ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☒ None ☐ Other (describe): _____.

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____.

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____.

Floating Solids ☒ No ☐ Yes (describe): _____.

Settled Solids** ☒ No ☐ Yes (describe): _____.

Suspended Solids ☒ No ☐ Yes (describe): _____.

Foam (gently shake sample) ☒ No ☐ Yes (describe): _____.

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____.

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

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A. Name: Beatriz Rivera B. Title: Environmental Engineer

C. Signature: [signature] D. Date Signed: 10/2/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 11/18/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engr

Person(s) examining sample (Name/Title): Beatriz Rivera /

Rain event start time: 435Am Time Sample Collected: 11:30 Time Sample Examined: 12:10

Rain event end time: ___

Total rainfall (inches) in this event: 0.05 Time since previous measurable storm event (in days): ___

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☑ No* (explain):

Substitute Sample? ☐ No ☐ Yes ___ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☑ None ☐ Other (describe): ___

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): ___

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): ___

Floating Solids ☑ No ☐ Yes (describe): ___

Settled Solids** ☑ No ☐ Yes (describe): ___

Suspended Solids ☑ No ☐ Yes (describe): ___

Foam (gently shake sample) ☐ No ☐ Yes (describe): ___

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): ___

Other Obvious Indicators of Stormwater Pollution ☑ No ☐ Yes (describe): ___

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: Beatriz Rivera B. Title: Env. Engineer

C. Signature: Beatriz R D. Date Signed: 11/18/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: 11/18/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env. Engr

Person(s) examining sample (Name/Title): Beatriz Rivera /

Rain event start time: 4:35 Am Time Sample Collected: 11:39 Time Sample Examined: 12:10

Rain event end time: ___

Total rainfall (inches) in this event: 0.05 Time since previous measurable storm event (in days): ___

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☑ No* (explain):

Substitute Sample? ☑ No ☐ Yes ___ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☑ None ☐ Other (describe): ___.

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): ___.

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): ___.

Floating Solids ☑ No ☐ Yes (describe): ___.

Settled Solids** ☑ No ☐ Yes (describe): ___.

Suspended Solids ☑ No ☐ Yes (describe): ___.

Foam (gently shake sample) ☐ No ☐ Yes (describe): ___.

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): ___.

Other Obvious Indicators of Stormwater Pollution ☑ No ☐ Yes (describe): ___.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: Beatriz Rivera B. Title: Env Engineer

C. Signature: [signature] D. Date Signed: 11/18/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: 12/3/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): _____ / _____

Rain event start time: 9:30Am Time Sample Collected: 12:10 Time Sample Examined: 12:30

Rain event end time: _____

Total rainfall (inches) in this event: _____ Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☒ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☒ None ☐ Other (describe): _____.

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____.

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____.

Floating Solids ☒ No ☐ Yes (describe): _____.

Settled Solids** ☒ No ☐ Yes (describe): _____.

Suspended Solids ☒ No ☐ Yes (describe): _____.

Foam (gently shake sample) ☐ No ☐ Yes (describe): _____.

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____.

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: Beatriz Rivera B. Title: Env. Engineer

C. Signature: Beatriz R D. Date Signed: 12/3/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 12/3/13

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env. Engineer

Person(s) examining sample (Name/Title): _____ / _____

Rain event start time: 930Am Time Sample Collected: 12:00 Time Sample Examined: 1230

Rain event end time: _____

Total rainfall (inches) in this event: _____ Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☑ None ☐ Other (describe): _____.

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents
☐ Other (describe): _____.

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____.

Floating Solids ☑ No ☐ Yes (describe): _____.

Settled Solids** ☑ No ☐ Yes (describe): _____.

Suspended Solids ☑ No ☐ Yes (describe): _____.

Foam (gently shake sample) ☐ No ☐ Yes (describe): _____.

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____.

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Beatriz Rivera B. Title: Environmental Engineer

C. Signature: [signature] D. Date Signed: 12/3/13

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

October 11, 2013

Beatriz Rivera
Essroc San Juan, Inc.
P.O. Box 366698
San Juan, PR 00936-6698

LABORATORY REPORT

Project ID : 131002N007
Project Description : MSGP
Permit Number: PR0001163

Customer ID : 353

Sample(s) Submitted By : Essroc San Juan, Inc.
Sampled By : Sanco Laboratories, Inc.
Sample(s) Log Number : 131002N007 to 131002N008

Date Received : 10/2/2013
Date Collected : 10/2/2013

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131002N007	P-001	pH	G	SM 4500-H+ B	Std. Units	---	7.25	10/2/2013	ga
		TSS	G	SM 2540 D	mg/L	---	<5.0	10/8/2013	rvc
131002N008	P-002	pH	G	SM 4500-H+ B	Std. Units	---	7.52	10/2/2013	ga
		TSS	G	SM 2540 D	mg/L	---	<5.0	10/8/2013	rvc

Revised by:
Lic. Enid Ortiz
Laboratory Supervisor

ESTADO LIBRE ASOCIADO DE PUERTO RICO
$1.00 Lic. Heriberto Batiz Hernández Lic.# 568 A 1469663 $1.00
QUÍMICO LICENCIADO

Released by:
Heriberto Batiz, Ph. D.
Technical Director

6109

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

CHAIN OF CUSTODY RECORD

Turnaround time: ☑ Regular 10 days
Rush Surcharges Apply ☐ Rush _____
Please provide prior notification. Date Required.

Client: Essroc San Juan	**Client ID:** 353	**Sampler's Name:** Gilson Avillan	**Quote No.:**
Project Name: PR 0001163		**Sampler's Signature:** Gilson Avillan	**Project ID:**
Site Location: Dorado		**Contact Person:** Beatriz Rivera	**Comments:**

Regulatory Agency: ☐ EQB ☐ PRASA ☐ DRNA ☑ EPA ○ RCRA ○ UST ☑ NPDES ☐ OTHER

Sample Class.: ☑ Compliance ☐ Repeat ☐ Special

Sample Type: Grab (G) Composite (C)

Matrix: Liquid (L) Solid (S) Gas(G) Sludge(Sd)

Remarks:

Split Sample: ☐ Yes ☑ No

Composite Start	Composite End
—	—

Field Analysis: pH(002) — 7.52
pH 7.25 SU Temp. — °C
RC — mg/L DO — mg/L

Preservatives:
1 - H_2SO_4 9 - Asc. Acid
2 - HNO_3 10 - None
3 - NaOH 11 -
4 - ZnOAc 12 -
5 - Cool 13 -
6 - HCl 14 -
7 - $Na_2S_2O_3$
8. Filter Required

Container Type:
a. 1L AMB Glass (G) e. 500mL Plastic j. 40mL VOA Vial
b. 1L Clear Glass f. 250mL AMB (G) k. 8 oz jar (G)
c. 1L Plastic (P) g. 250mL Plastic l. 4 oz jar (G)
d. 500mL AMB (G) h. 125mL Plastic m. 2 oz jar (G)
i. 120mL P Sterile n.

Sample Number	Sample Description	Sample Type	Matrix	Collection Date	Collection Time	Containers No.	Containers Type	Preserv.	Analysis ID
131002 N007	MSG (P001)	G	L	10/2/13	10:15	1	g	5	18
				10/2/13					
131002 N008	MSG (P002)	G	L	10/2/13	10:25	1	g	5	18

Analysis Identification Numbers

Al As Ag B Ba Be Ca Cd Co Cr Cu Fe Hg Li
K Mg Mn Mo Na Ni Pb Sn Sb Se Tl V Zn

1. Phenol	18. TSS	35. Odor	42. BOD	65. PP	67. VOC's
2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO	68. SVOC's
3. T. Phosphorus	20. SS	37. TOC	44. Metals	**T.Coli**	
4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF	
5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223 ○P/A ○QT	
6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	**E. Coli**	
7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○P/A ○QT	
8. Sulfate	25. Nitrite	49. RCI		**HPC** 72. SM9215B	
9. Sulfide	26. NO_2NO_3	50. TCLP Metals		**F.Coli** 73. SM9221E MTF	
10. Hardness	27. Silica	51. TCLP VOC		**Misc.**	
11. Color ADMI	28. pH	52. TCLP SVOC		74. Viscosity	
12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde	
13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.	
14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.	
15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.	
16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	
17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.	

Relinquished by:	Date: 10/2/2013	Time: 11:30
Received by:	Date: 10/2/2013	Time: 11:30
Relinquished by:	Date: 10/2/2013	Time: 12:38
Received by:	Date: 10/2/2013	Time: 12:50
Relinquished by:	Date: MM / DD / YYYY	Time:
Received by:	Date: MM / DD / YYYY	Time:

Laboratory Use Only
Arrival Temp.: 4.6 °C
Arrival Conditions: ○ Good ○ Poor
Notes:

FORM: SL-279 Rev. 4

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Sanco Laboratories, Inc.
Quality and Reliability Since 1975

November 27, 2013

Beatriz Rivera
Essroc San Juan, Inc.
P.O. Box 366698
San Juan, PR 00936-6698

LABORATORY REPORT

Project ID : 131118N003
Project Description : MSGP
Permit Number: PR0001163

Customer ID : 353

Sample(s) Submitted By : Essroc San Juan, Inc.
Sampled By : Sanco Laboratories, Inc.
Sample(s) Log Number : 131118N003 to 131118N004

Date Received : 11/18/2013
Date Collected : 11/18/2013

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131118N003	P-001	pH	G	SM 4500-H+ B	Std. Units	---	8.00	11/18/2013	ga
		TSS	G	SM 2540 D	mg/L	---	40	11/22/2013	rvc
131118N004	P-002	pH	G	SM 4500-H+ B	Std. Units	---	7.60	11/18/2013	ga
		TSS	G	SM 2540 D	mg/L	---	7.0	11/22/2013	rvc

Revised by:

Lic. Enid Ortiz
Laboratory Supervisor

Released by:

Heriberto Batiz, Ph.D.
Technical Director

ESTADO LIBRE ASOCIADO DE PUERTO RICO
Lic. Heriberto Batiz Hernández
Lic.# 568
A 1469831
QUÍMICO LICENCIADO

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CHAIN OF CUSTODY RECORD

6360

Client: Essroc San Juan	**Client ID:** 353	**Sampler's Name:** Gilson Avillán	**Quote No.:**
Project Name: PR0001163		**Sampler's Signature:** Gilson Avillán	
Site Location: Dorado		**Contact Person:** Beatriz Rivera	

Turnaround time: ☑ Regular 10 days
Rush Surcharges Apply ☐ Rush _____
Please provide prior notification. Date Required.
Project ID:

Comments: P001 (PH) – 8.00
P-002 (PH) – 7.60

Regulatory Agency: ☐ EQB ☐ PRASA ☐ DRNA ☑ EPA ○ RCRA ○ UST ☑ NPDES ☐ OTHER

Split Sample: ☐ Yes ☑ No

Composite Start	Composite End
—	—

Sample Class.: ☑ Compliance ☐ Repeat ☐ Special
Sample Type: Grab (G) Composite (C)
Matrix: Liquid (L) Solid (S) Gas(G) Sludge(Sd)
Remarks:

Field Analysis:
pH _____ SU Temp. — °C
RC — mg/L DO — mg/L

Preservatives:
1 - H_2SO_4 9 - Asc. Acid
2 - HNO_3 10 - None
3 - NaOH 11 -
4 - ZnOAc 12-
5 - Cool 13 -
6 - HCl 14-
7 - $Na_2S_2O_3$
8. Filter Required

Container Type:
a. 1L AMB Glass (G) e. 500mL Plastic j. 40mL VOA Vial
b. 1L Clear Glass f. 250mL AMB (G) k. 8 oz jar (G)
c. 1L Plastic (P) g. 250mL Plastic l. 4 oz jar (G)
d. 500mL AMB (G) h. 125mL Plastic m. 2 oz jar (G)
i. 120mL P Sterile n.

Sample Number	Sample Description	Sample Type	Matrix	Collection Date	Collection Time	Containers No.	Containers Type	Preserv.	Analysis ID
131118 N003	MSGP (P-001)	G	L	11/13/13	10:40	1	h	5	18
131118 N004	MSGP (P-002)	G	L	11/13/13	10:52	1	h	5	18

Analysis Identification Numbers

Al As Ag B Ba Be Ca Cd Co Cr Cu Fe Hg Li
K Mg Mn Mo Na Ni Pb Sn Sb Se Tl V Zn

1. Phenol	18. TSS	35. Odor	42. BOD	65. PP	67. VOC's
2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO	68. SVOC's
3. T. Phosphorus	20. SS	37. TOC	44. Metals	**T.Coli**	
4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF	
5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223 ○ P/A ○ QT	
6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	**E. Coli**	
7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○ P/A ○ QT	
8. Sulfate	25. Nitrite	49. RCI		**HPC** 72. SM9215B	
9. Sulfide	26. NO_2NO_3	50. TCLP Metals		**F.Coli** 73. SM9221E MTF	
10. Hardness	27. Silica	51. TCLP VOC		**Misc.**	
11. Color ADMI	28. pH	52. TCLP SVOC		74. Viscosity	
12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde	
13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.	
14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.	
15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.	
16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	
17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.	

Relinquised by: Beatriz	Date: 11/18/13	Time: 12:00
Received by: Gilson Avillán	Date: 11/18/13	Time: 12:00
Relinquised by: Gilson Avillán	Date: 11/18/13	Time: 13:20
Received by: Enid Ort	Date: 11/18/13	Time: 13:30
Relinquised by:	Date: MM/DD/YYYY	Time:
Received by:	Date: MM/DD/YYYY	Time:

Laboratory Use Only
Arrival Temp.: 1.3 °C
Arrival Conditions: ○ Good ○ Poor
Notes:

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December 10, 2013

Beatriz Rivera
Essroc San Juan, Inc.
P.O. Box 366698
San Juan, PR 00936-6698

LABORATORY REPORT

Project ID : 131203N003
Project Description : MSGP
Permit Number: PR0001163

Customer ID : 353

Sample(s) Submitted By : Essroc San Juan, Inc.
Sampled By : Sanco Laboratories, Inc.
Sample(s) Log Number : 131203N003 to 131203N004

Date Received : 12/3/2013
Date Collected : 12/3/2013

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131203N003	P-001	pH	G	SM 4500-H⁺ B	Std. Units	---	7.80	12/3/2013	cg
		TSS	G	SM 2540 D	mg/L	---	7.0	12/6/2013	joi
131203N004	P-002	pH	G	SM 4500-H⁺ B	Std. Units	---	7.74	12/3/2013	cg
		TSS	G	SM 2540 D	mg/L	---	5.0	12/6/2013	joi

Revised by:

Lic. Enid Ortíz
Laboratory Supervisor

ESTADO LIBRE ASOCIADO DE PUERTO RICO
Lic. Heriberto Batiz Hernández
Lic.# 568
QUÍMICO LICENCIADO
A NA69869

Released by:

Heriberto Batíz, Ph.D.
Technical Director

Sanco Laboratories, Inc.
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CHAIN OF CUSTODY RECORD

6294

Turnaround time: ✓ Regular 10 days
Rush Surcharges Apply ☐ Rush _____
Please provide prior notification. Date Required.

Client: ESSROC San Juan	Client ID: 353	Sampler's Name: Camilo Gonzalez	Quote No.:
Project Name: PR0001163, MSGP (P-001, P-002)		Sampler's Signature: C.G.	Project ID:
Site Location: Dorado		Contact Person: Beatriz Rivera	Comments:

Regulatory Agency: ☐ EQB ☐ PRASA ☐ DRNA ✓ EPA ○ RCRA ○ UST ✓ NPDES ☐ OTHER

Sample Class.: ✓ Compliance ☐ Repeat ☐ Special

Sample Type: Grab (G) Composite (C)

Matrix: Liquid (L) Solid (S) Gas(G) Sludge(Sd) P-002

Remarks:

Split Sample: ☐ Yes ✓ No

Composite Start	Composite End
-	-

Field Analysis: P-001, 7.80

pH 7.74 SU Temp. _____ °C

RC - mg/L DO - mg/L

Preservatives:

1 - H_2SO_4 9 - Asc. Acid
2 - HNO_3 10 - None
3 - NaOH 11 -
4 - ZnOAc 12-
5 - Cool 13 -
6 - HCl 14-
7 - $Na_2S_2O_3$
8. Filter Required

Container Type:

a. 1L AMB Glass (G)
b. 1L Clear Glass
c. 1L Plastic (P)
d. 500mL AMB (G)
e. 500mL Plastic
f. 250mL AMB (G)
g. 250mL Plastic
h. 125mL Plastic
i. 120mL P Sterile
j. 40mL VOA Vial
k. 8 oz jar (G)
l. 4 oz jar (G)
m. 2 oz jar (G)
n.

Sample Number	Sample Description	Sample Type	Matrix	Collection Date	Collection Time	Containers No.	Containers Type	Preserv.	Analysis ID
131203N003	P-001	G	L	12.3.13	1020	1	h	5	18
131203N004	P-002	G	L	12.3.13	1032	1	h	5	18

Analysis Identification Numbers

Al As Ag B Ba Be Ca Cd Co Cr Cu Fe Hg Li
K Mg Mn Mo Na Ni Pb Sn Sb Se Tl V Zn

1. Phenol	18. TSS	35. Odor	42. BOD	65. PP	67. VOC's
2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO	68. SVOC's
3. T. Phosphorus	20. SS	37. TOC	44. Metals	**T.Coli**	
4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF	
5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223 ○ P/A ○ QT	
6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	**E. Coli**	
7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○ P/A ○ QT	
8. Sulfate	25. Nitrite	49. RCI		**HPC** 72. SM9215B	
9. Sulfide	26. NO_2NO_3	50. TCLP Metals		**F.Coli** 73. SM9221E MTF	
10. Hardness	27. Silica	51. TCLP VOC		**Misc.**	
11. Color ADMI	28. pH	52. TCLP SVOC		74. Viscosity	
12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde	
13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.	
14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.	
15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.	
16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	
17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.	

Relinquised by:	Date: 12/03/13	Time: 10:44	**Laboratory Use Only**
Received by:	Date: 12-03-13	Time: 1044	Arrival Temp.: 1.7 °C
Relinquished by:	Date: 12-03-13	Time: 1155	Arrival Conditions: ✓ Good ○ Poor
Received by:	Date: 12-3-13	Time: 12:00	Notes:
Relinquised by:	Date: MM / DD / YY	Time:	
Received by:	Date: MM / DD / YY	Time:	

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